2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 24, 2000 8:00 am Secretary of State DOCUMENT # **P33117** TRACER RESEARCH CORPORATION 01-24-2000 90062 032 ***150.00 Principal Place of Business Mailing Address 3755 N. BUSINESS CENTER DRIVE 3755 N. BUSINESS CENTER DR. TUCSON AZ 85705 TUCSON AZ 85705-2977 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 86-0476830 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required. ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, CDP ☐ Change ☐ Addition Delete TITLE TITLE THOMPSON, GLENN, PH.D. NAME NAME STREET ADDRESS 3755 N BUSINESS CENTER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TUCSON AZ** Addition VCD Change ☐ Delete TITLE TITLE MARTY, SHANNAN NAME NAME 3755 N BUSINESS CENTER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TUCSON AZ. CITY-ST-ZIP ☐ Addition ST ☐ Change TITLE ☐ Delete MARTY, SHANNAN NAME STREET ADDRESS STREET ADDRESS 3755'N BUSINESS CENTER CITY-ST-ZIP CITY-ST-ZIP -**TUCSON AZ** Change ☐ Addition ☐ Delete TITLE TITLE EVANS, DAN NAME NAME STREET ADDRESS 3755 N BUSINESS CENTER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TUCSON AZ** ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver optrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED